

Licensing Inspection: Respite Services

Name of Location: _____
 Address: _____
 City/ State/ ZIP: _____
 Phone: _____ Contact Name: _____

Date: _____
 License Type:
 Respite

The Respite Licensing Report is based on findings on the date of review. Within 15 days (___/___/___), the service provider must submit a Plan of Correction for any deficiencies cited in this report. The Plan of Correction must include:

- 1) *the actions taken to correct each cited deficiency,*
- 2) *the actions taken to prevent similar recurrences,*
- 3) *the person or persons responsible for completing the action, and*
- 4) *the actual or expected completion dates of those actions (must not exceed 60 days).*

	Indicators- Safety	Guidance	Compliance	Remarks:	Deficiency Type:
1.0	Respite may be provided in: Licensed Respite Facility Foster Home Medicaid certified ICF/ID Group home CRCF Licensed nursing facility The license as specified above must be current at the time respite is provided. The licensed capacity cannot be exceeded.	Licensed Respite Facility: settings licensed by DHEC as a respite facility Foster Home licensed by SCDSS as a foster home or by DHEC as CTH-I ICF/ID that is licensed by DHEC and certified by DHEC as an ICF/ID Group Home licensed as a CTH-II CRCF licensed by DHEC Hospital licensed by DHEC Nursing Home licensed by DHEC.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
1.1	The home must be licensed: A. Prior to provision of respite services; B. Annually C. After major home renovations.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
1.2	To be licensed as a Respite Facility, the setting must: Be in good working order Be free from obvious hazards Generally clean and free of undesirable odors Have a system for heating and cooling Have at least one non-coin operated telephone	Equipment such as stove, refrigerator, furnace, air conditioner in good working order. Obvious hazards such as pool without proper safety equipment, uncovered well, etc.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III

	<p>Have at least one toilet and lavatory with hot/cold running water for every six (6) people using the Respite Facility</p> <p>Have at least one shower (or bathtub) for every six (6) people using the Respite Facility if bathing is part of the routine of the service recipient during the hours of care.</p>				
1.3	<p>If respite will be provided during sleeping hours, appropriate sleeping space must be provided:</p> <p>Maximum of two (2) people per bedroom with minimum of 36" between beds.</p> <p>People who are six (6) years of age and older and are of opposite sex may not share bedrooms/sleeping space.</p> <p>Bedrooms/sleeping space may not be located in a detached building, unfinished attic or basement, stairway, hall or room commonly used for a purpose other than sleeping/bedroom.</p> <p>Each bedroom/sleeping space must have a window.</p> <p>Each bedroom/sleeping space must be at least 80 sq. feet or 120 sq. feet for double occupancy.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> Bedrooms do not meet minimum size or lacks adequate storage space. <input type="checkbox"/> Bedroom does not have adequate/operable lighting. <input type="checkbox"/> Bedroom does not have operable window. <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
1.4	<p>If respite will be provided during sleeping hours, each recipient must be provided with their own:</p> <p>Bed and clean, comfortable mattress and pillow of proper size and height</p> <p>Clean bedding appropriate to weather</p> <p>Sufficient, accessible storage.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> Home does not have adequate bedrooms/furnishings to provide respite during sleeping hours. <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
	PERSONAL RIGHTS & PROTECTIONS	GUIDANCE	Compliance	Remarks:	Deficiency Type:
2.0	All consumer information is kept confidential.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III

Inspection completed by: _____